| PART B - FEE(S) TRANSMITTAL  |   |   |                              |   |  |   | At>                |  |
|--|---|---|------------------------------|---|--|---|--------------------|--|
| Complete and send this form, together with applicable fee(s), to:  |   |   |                              |   | Mail Stop ISSU<br>Commissioner<br>P.O. Box 1450<br>Alexandria, Vii<br>(703) 746-4000   |   |                    |  |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  24737 7590 03/17/2004  PHILIPS INTELLECTUAL PROPERTY & STANDARDS P.O. BOX 3001  BRIARCLIFF MANOR, NY 10510   |   |   |                              |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  |   |                    |  |
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| APPLICATION NO.  | FILING DATE   | FIRST NAMED INVE                          |                              |   | OR   | ATTORNEY DOCKET NO.                               | CONFIRMATION NO.   |  |
| 10/056,369 01/17/2002 Dirk Willem Har  |   |   |                              |   |  | NL 010031   | 3931               |  |
| TITLE OF INVENTION: C.  APPLN. TYPE  | SMALL ENTITY  | ISSUE FE                                  |                              | PUI   | BLICATION FEE  | TOTAL FEE(S) DUE                                  | DATE DUE           |  |
| nonprovisional   | NO  | \$1330                                    |                              |   | \$300  | \$1630  | 06/17/2004         |  |
| EXAMINER   |   | ART UNIT                                  |                              | CL  | ASS-SUBCLASS   | ٦   |                    |  |
| SANTIAGO, MARICELI   |   | 2879                                      |                              |   | 313-412000   | _   |                    |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  names of agents OR, firm (having agent) and attorneys of will be princed.  |   |   |                              | ip to 3 alternary as a in the name agents ed. |  |   |                    |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  KONINKLIJKE PHILIPS  EINGHOVEN, The Netherlands  Please check the appropriate assignee category or categories (will not be printed on the patent); individual accorporation or other private group entity of government. |   |   |                              |   |  |   |                    |  |
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